



# JET PROPULSION LABORATORY

CONSTRUCTION SUBCONTRACTOR

## SCREENING APPLICATION

**This Application is not in response to a specific contracting requirement and is being submitted for the purpose of determining possible contractor qualification for future work.**

The requested information is for screening purposes only and does not constitute a commitment, implied or otherwise, that JPL will solicit you for such a procurement in the future. Neither JPL nor the Government will be responsible for any costs incurred by you in furnishing this information. Prospective subcontractors are advised that any information provided shall be deemed to be furnished with unlimited rights to JPL, with JPL assuming no liability for the disclosure, use, or reproduction of such data.

Name of Applicant Subcontractor: \_\_\_\_\_

License Number and Classification: \_\_\_\_\_  
(Owner / Principal)

Date Submitted: \_\_\_\_\_

Preparer's Name: \_\_\_\_\_

THIS PAGE MUST BE COMPLETED AND INCLUDED WITH THE APPLICATION  
READ THE INSTRUCTIONS  
BEFORE FILLING OUT THE APPLICATION

### SCREENING APPLICATION INSTRUCTIONS

1. The application should be completed by a person in the firm with thorough knowledge of past and present operations of the firm and its policies.
2. All questions must be answered completely and any Yes answers must be fully explained. Disclaimers, general statements with global qualifications, or notations are not acceptable.

### APPLICATION SUBMITTAL

Email applications via email to: ([Construction Screening@jpl.nasa.gov](mailto:Construction_Screening@jpl.nasa.gov)) or send to:

Jet Propulsion Laboratory  
Facilities Division  
Mail Stop 200-213  
4800 Oak Grove Drive  
Pasadena, CA 91109

IF YOU HAVE QUESTIONS CALL: Debbie Lee at (818) 354-2657 or  
Randy Wager at (818) 354-7259



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Interested in work if: ☐ Under \$1M ☐ Between \$1M - \$5M ☐ Over \$5M

### SECTION 1 – IDENTIFICATION OF APPLICANT SUBCONTRACTOR

#### 1. Identification Of Applicant Subcontractor (Applicant)

A. \_\_\_\_\_  
Name of Applicant

B. \_\_\_\_\_  
Address City State Zip Code

C. \_\_\_\_\_  
(Mailing Address, if different from above)

D. \_\_\_\_\_  
(If doing business with JPL under a DBA or other name, include legal name of the company)

E. Primary Company Telephone No. \_\_\_\_\_ Fax. No. \_\_\_\_\_

F. Applicant Contact Person for follow-up:

\_\_\_\_\_  
Print or Type Name Position Email Telephone No.

G. Has the Applicant changed its address or has the Firm or its owner operated under any other name(s) including other DBA's in the past five years? If yes, explain fully on a separate sheet of paper. ☐ No ☐ Yes

H. Type of business organization: \_\_\_\_\_

YEAR organization established: \_\_\_\_\_ NUMBER of current employees: \_\_\_\_\_

☐ Sole Proprietor ☐ Corporation Date and State of Incorporation \_\_\_\_\_

☐ Limited Liability Corporation (LLC) Date and State of Incorporation \_\_\_\_\_

☐ Limited Partnership (LP) ☐ Limited Liability Partnership (LLP)

☐ General Partnership (GP) Date and State of Partnership filing \_\_\_\_\_

☐ Other (describe) \_\_\_\_\_

I. List general type of business in which Applicant is engaged (may include more than one). Attach copies of business licenses, if appropriate:



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### SECTION II – OWNERSHIP/MANAGEMENT

#### 1. Owners/Key Persons

List Owners and Key Persons of Applicant. For larger publicly traded companies, list only Key Persons.

Full Legal Name	Title	% of Ownership

(Use additional sheets if necessary)

A. At any time during the past five years have any Owners or Key Persons of Contractor (if yes, explain fully):

1. Served as Key Person, Officer or Director, in any other Contractor not affiliated with applicant ? If so, please explain in a separate sheet. ☐ No ☐ Yes

2. Had any ownership interest in any other Contractor other than shares of public owned companies? If so, please explain in a separate sheet. ☐ No ☐ Yes

### SECTION III – CONTRACTING HISTORY, PROJECT HISTORY, AND REFERENCES

Previous work at JPL . ☐ No ☐ Yes Date: \_\_\_\_\_

#### 1. Contracting History, Project History, References

A. List the Applicant's three largest contracts, subcontracts, or projects over \$500,000 and within the last three years.

	Contract #1	Contract #2	Contract #3
Agency/Owner			
Contract No.			
Name/Location			
Type of work performed (i.e., cleanroom, High tech, etc.)			
Were you a Prime or Subcontractor?			
Scheduled Date/Complete Date			
Actual Start/Complete Date			
Contract Amount			
References: Agency/Owner (Name/Telephone)			



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NOTE: ANY "YES" ANSWERS BELOW MUST BE FULLY EXPLAINED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO THIS APPLICATION.

B. Applicant is currently certified by a public or government agency as (check applicable box):

- ☐ Small Business                      ☐ Small Disadvantaged Business  
☐ Woman-owned Small Business      ☐ HUBZone (certified by government agency) Veteran-owned Business  
Service-Disabled Veteran Business

C. During the past five years, has Applicant or any of its Key Persons had any certificates or certifications revoked or Suspended, including disadvantaged, minority, or woman-owned business certifications?

☐ No                      ☐ Yes

In the past five years has the Applicant Contractor or any Affiliate been the subject of any of the following actions?

D. Been suspended, debarred, disqualified, or otherwise declared ineligible to bid?

☐ No                      ☐ Yes

E. Failed to complete a contract for commercial or private owner?

☐ No                      ☐ Yes

F. Been denied a low-bid contract in spite of being low bidder?

☐ No                      ☐ Yes

G. Had a contract terminated for any reason, including default?

☐ No                      ☐ Yes

H. Had liquidated damages assessed against it during or after completion of a contract?

☐ No                      ☐ Yes

## SECTION IV – ADDITIONAL INFORMATION REQUIRED

### APPLICANT'S STATEMENT OF EXPERIENCE

#### 1.0 SAFETY QUALIFICATION:

The intent of this section is to measure and evaluate each Applicant's frequency, severity, and incident rate as they relate to workers compensation insurance claims. The Experience Modification Rate (EMR) is a number established by insurance carriers to accurately adjust an individual company's workers compensation insurance premium based on industry average workers compensation insurance claims for their respective North American Industry Classification System (NAICS). Recordable and lost time incident rates used to measure and evaluate a company's frequency, severity, and incident rates as they relate to occupational related injuries and illnesses.

NAICS/SIC No.: \_\_\_\_\_



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### A. Recordable Injuries/Illnesses Data:

Year	Total Hours Worked	Number of Recordable Injuries/Illnesses	Total days of Restricted Work	Recordable Incident Rate
Year 1 =				
Year 2 =				
Year 3 =				

### B. Lost-Time Injuries/Illnesses Data:

Year	Total Hours Worked	Number of Lost-Time Injuries/Illnesses	Total Lost Work Days	Lost-Time Incident Rate
Year 1 =				
Year 2 =				
Year 3 =				

### C. Workers Compensation Experience Modification Rate (EMR)

Enter your EMR for the most recent three year (this information is provided by your worker's comp. insurance carrier).

Year 1 =	Year 2 =	Year 3 =
Rate =	Rate =	Rate =

☐ (Insert Company Name) does not have an EMR.

D. Name of Worker's Comp. Insurance Carrier(s): \_\_\_\_\_

Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

In addition to the information provided above, submit copies of your contractor's OSHA No. 300, Log of Work Injuries and Illnesses, and OSHA form no. 300A, Annual Summary of Work-Related Injuries and Illnesses, covering the past three (3) years.

2. Name of payment bonding company: \_\_\_\_\_

Years bonded with company: \_\_\_\_\_ Bonding rate: \_\_\_\_\_

Bonding company is on the Federal register or in Best Bonding guide with a B+ or Better: ☐ Yes . ☐ No

3. Name of Insurance company and rep. \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date Signed: \_\_\_\_\_